

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	i					
3		1				
4	i					
5		1				
6		1				
7	1					
8	1					
9	1					
10		1				
11	1					
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TOTAL IND.	2	-				
TOTAL DEP.	4	-	→	↓	→	↓
TOTAL CLAIMS	1	1	1	1	1	1

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			→	↓		
TOTAL DEP.			→	↓		→
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY